UK Health Security Agency

Weekly statistics for NHS Test and Trace (England)

30 December 2021 to 5 January 2022

Published 13 January 2022

Contents

Main points

People tested, England:

- 1,309,086 people tested positive for coronavirus (COVID-19) at least once[1] in the current reporting week between 30 December 2021 and 5 January 2022 – this is the highest number of people tested positive since launch of Test and Trace and is an increase of 28.2% compared to the previous reporting week (23 December to 29 December 2021)
- since 28 May 2020 to 5 January 2022, 49,868,308 have been tested for COVID-19 at least once

Pillar 2 testing turnaround times, England:

- in the current reporting week, 652,681 (48.3%) pillar 2 in-person tests were received within 24 hours of taking a test, an increase from 468,507 (38.3%) tests returned in the previous reporting week
- 496,246 (32.9%) pillar 2 combined satellite and home test kits were returned with 48 hours of taking a test in the most recent week, an increase from the 415,160 (35.2%) tests returned in the previous week
- Since Test and Trace launched, 95,051,959 pillar 2 tests (88.9%) have been returned within 72 hours of taking a test

Distance to in-person testing sites for booked PCR tests, pillar 2, England:

- in the latest reporting week, the median distance to in-person pillar 2 testing sites for booked PCR tests has increased to 2.6 miles

Positive cases transferred to NHS Test and Trace:

- 1,077,192 cases were transferred to the contact tracing system between 30 December 2021 and 5 January 2022, of which 70.3% were reached and asked to provide details of recent close contacts – this is the highest number of cases transferred since the launched of test and trace

[1] Deduplicated for the reporting week. For information on how the number of people are tested and tested positive in a reporting week is measured see the NHS Test and Trace statistics methodology.

Close contacts identified by NHS Test and Trace:

- in the current reporting week, 1,233,082[2] people were identified as coming into close contact with someone who had tested positive, the highest number of people identified as a close contact since the launch of test and trace
- for those where communication details were available, 946,805 (81.4%) close contacts were reached and told to self-isolate in the current reporting week, an increase from 777,907 (81.4%) in the previous reporting week reporting week

Managed Quarantine Service (MQS):

MQS figures from Table 19 have not been updated in this bulletin (see the Publication update section for details):

- in the latest reporting week, 395,325 tests were processed for all international arrivals, an increase from 264,321 in the previous week
- 24,916 positive tests were processed for all international arrivals in the latest reporting week, an increase from 11,161 in the previous week

Test and Trace Support Payment Scheme (TTSP):

- as of 5 January 2022, local authorities have paid £207.7 million to 415,371 applicants since the start of the scheme
- over the previous week, local authorities reported payments of £3.2 million to 6,416 applicants
- in the current reporting week, discretionary payments made up 46.4% of all TTSP

[2] The number of people identified includes duplicates as an individual may be named as a close contact for more than one case. See NHS Test and Trace statistics methodology for more information.

Introduction

The UK Health Security Agency (UKHSA) publishes weekly statistics on NHS Test and Trace (England) across all 4 testing pillars. The purpose of this publication is to provide a weekly update on the implementation and performance of NHS Test and Trace in England.

For NHS Test and Trace (England), this includes:

- testing –
  - people tested for COVID-19
  - people testing positive for COVID-19
  - time taken for test results to become available
  - distance to in-person test sites for booked PCR tests

- contact tracing –
  - people transferred to the contact tracing system, and the time taken for them to be reached
  - close contacts identified, and the time taken for them to be reached

- Managed Quarantine Service (MQS) –
  - people quarantining at home or in a managed quarantine hotel
  - number of PCR tests processed by international arrivals quarantining at home or in a managed quarantine hotel and how many of these were positive
  - number of international arrivals into England by country of departure, the proportion of arrivals that tested positive and COVID-19 variants detected from the sample of PCR tests sequenced

- Test and Trace Support Payments (TTSPs) –
  - number of payments and amount paid for successful TTSP claims, by week and local authority

Data collected for NHS Test and Trace is primarily for operational purposes and was not designed to track the spread of the virus. Studies into the spread of the virus in the UK are carried out by the Office for National Statistics (ONS). Further guidance can be found in comparing methods used in the COVID-19 Infection Survey and NHS Test and Trace, England.

A list of data sources relating to the COVID-19 pandemic in the UK can be found at coronavirus (COVID-19) statistics and analysis. A breakdown of all available testing and contact tracing data in the UK can be found at Testing and contact tracing in the UK: summary of data.

All data used in the report can be found in the UKHSA Test and Trace data tables on the weekly collection page. A full explanation of the data sources and methods used to produce these

statistics can be found in the additional methodology document for NHS Test and Trace statistics.

Data and methodology for the NHS COVID-19 app are available on the NHS COVID-19 app support website.

Revisions to figures previously published

Figures given in previous releases are routinely revised each week going back to the start of Test and Trace for people tested for COVID-19, people testing positive for COVID-19, pillar 2 testing turnaround times, distance to in-person PCR test sites and contact tracing, to the start of the managed quarantine service for people quarantining at home or in a managed quarantine hotel, and to 15 February 2021 for number of PCR tests taken by international arrivals quarantining at home or in a managed quarantine hotel. The figures presented are based on a data cut 5 to 6 days after the end of the reporting period. This is to give time for data relating to the end of the 7-day period to be collected. Some data may continue to be collected after this period, and therefore may need to be revised over time.

Figures for pillar 1 testing turnaround times are not routinely revised as only minor changes occur to past weeks post-publication. Figures are only revised when substantial changes occur. More detail on routine revisions is given in the quality section.

Note that these routine revisions to data include the local authority level contact tracing data that is made available on the the weekly collection page. As past data is revised, subtracting figures given in the previous week from figures given in the current week will not give the total number of cases for that week.

Publication update

As noted in the reports published since 25 November 2021, this report was not published on 30 December 2021 (for the period covering 16 December to 22 December 2021) and 6 January 2022 (for the period covering 23 December to 29 December 2021). This was due to data delivery and quality concerns anticipated over the Christmas and New Year reporting period. Information relating to the weeks prior to this can be found here: Weekly Statistics for NHS Test and Trace page.

Due to data quality issues detected in the information used to calculate number of people tested for a reporting week; current reporting week numbers (30 December 2021 to 5 January 2022) are not provided as part of this release. For this bulletin, statistics on the number of people tested for the previous reporting period (23 December to 29 December 2021) is provided instead.

Data in relation to 'Risk assessment status, testing, positivity and variants by country or territory, England arrivals' (Table 21) has been updated this week as part of the 3-weekly cycle. This data can be found on the Weekly Statistics for NHS Test and Trace page. Table 21 will be updated next on 3 February 2022.

Figures from Table 19 in the MQS section have not been updated past the week ending 29 September 2021 as new statistics and tables are being developed to reflect change in MQS policy that became effective on 4 October 2021.

1. NHS Test and Trace

NHS Test and Trace was launched in England on 28 May 2020 and ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. It then helps trace recent close contacts of anyone who tests positive for COVID-19 and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. The flow of how people move through the NHS Test and Trace service is shown in Figure 1. More information about NHS Test and Trace can be found at NHS Test and Trace: how it works.

1.1 Testing in England

NHS Test and Trace starts with an individual taking a swab test for the virus, either in pillar 1 (testing in hospitals and outbreak locations), pillar 2 (national swab testing) or pillar 4 (prevalence studies). Those who go on to test positive will have their case transferred to NHS Test and Trace for contact tracing.

From 30 March, individuals who test positive from an LFD test are asked to take a confirmatory PCR test. A positive LFD result will continue to trigger contact tracing; however, NHS Test and Trace has introduced improvements to automatically inform anyone self-isolating from a positive LFD to stop isolating if the confirmatory PCR is taken promptly and is negative. These individuals will then be removed from the contact tracing process.

Statistics in this section are given for England only. Weekly figures for UK testing are available to download from the latest report in the weekly collection page and are also available daily on the and are also available daily on the coronavirus in the UK dashboard. Information on contact tracing in Scotland, Wales and Northern Ireland can be found directly from Public Health Scotland, the Welsh government, and the Northern Ireland Public Health Agency.

Figure 1. Flowchart showing how people move through NHS Test and Trace

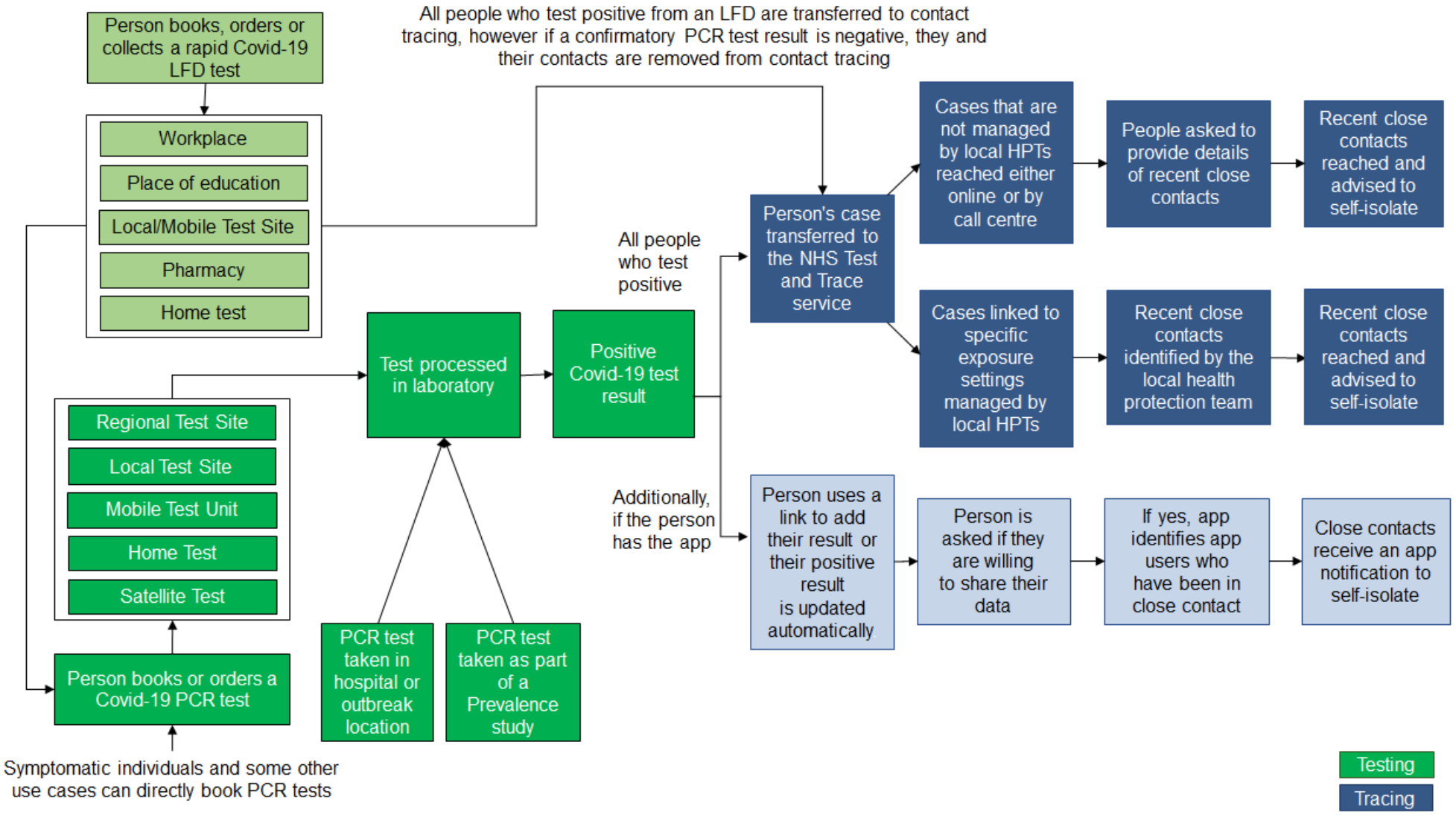


Figure 1 shows the journey a person can take through NHS Test and Trace. This can start with either an LFD COVID-19 test, or a PCR COVID-19 test.

For those taking LFD tests, they can collect their test from their workplace, place of education, pharmacy or local or mobile test site. They can also order an LFD test to be delivered to their home. All people who test positive from an LFD are transferred to contact tracing, however if their confirmatory PCR test result is negative, they and their contacts are removed from contact tracing.

All those testing positive from an LFD test are instructed to take a confirmatory PCR test. In addition, symptomatic individuals and some other use cases can directly book a PCR test without taking an LFD test first. PCR tests may also be taken in hospital or outbreak locations or as part of a prevalence study. Booked PCR tests can either be conducted at a regional test site, local test site or mobile test unit; or a satellite or home test can be conducted. After tests have been taken, they are sent to a laboratory for processing. Once processed, a person will be emailed or texted their result.

If a person has a positive COVID-19 test result, then their case is transferred to NHS Test and Trace and can be managed in 1 of 2 ways. First, cases that are not managed by local health protection teams (HPTs) are reached either online or by a call centre. They are then asked to provide details of recent close contacts. These recent close contacts are then reached by NHS Test and Trace and advised to self-isolate. Second, cases that are linked to certain exposure settings are escalated to local HPTs who work to identify and reach recent close contacts and advise them to self-isolate.

Additionally, if the person has the app and used the app to book their test, their positive result is updated automatically. If they have the app but booked their test via a different route, then they can use a link to add their positive result to the app. Once their positive result is entered into the app, the person is asked if they are willing to share their data and if they say yes, the app identifies other app users who have been in close contact with the person who has tested positive. Close contacts then receive an app notification to self-isolate.

People tested and people testing positive, England

The headline figures reported in this publication for people tested and people testing positive include both lateral flow device (LFD) tests and polymerase chain reaction (PCR) tests, deduplicated for each reporting week.[3] Information on the differences between these types of tests can be found in the NHS Test and Trace statistics methodology.

[3] Figures also include a small number of people tested using LAMP tests. See NHS Test and Trace statistics methodology for more information.

From 7 January 2021, positivity rate is not calculated as part of this publication but can instead be found on the coronavirus in the UK dashboard for PCR only positive cases in England. This is because the figures in this publication include both PCR and LFD tests and it is likely that LFD tests have a different positivity rate to PCR tests due to the use of LFDs in rapid testing. As the number of LFD tests conducted is increasing over time, a consistent positivity rate cannot be calculated using these figures.

A statistical commentary on rapid testing in England along with data tables for the number of tests conducted, broken down for LFD and PCR tests, is available on the weekly collection page.

The number of people tested and number of people testing positive via PCR tests in each reporting week, by age, gender and local authority is also available on the weekly collection page.

Due to data quality issues detected in the information used to calculate number of people tested for a reporting week; current reporting week numbers (30 December 2021 to 5 January 2022) are not provided as part of this release. For this bulletin, statistics on the number of people tested for the previous reporting period (23 December to 29 December 2021) is provided instead.

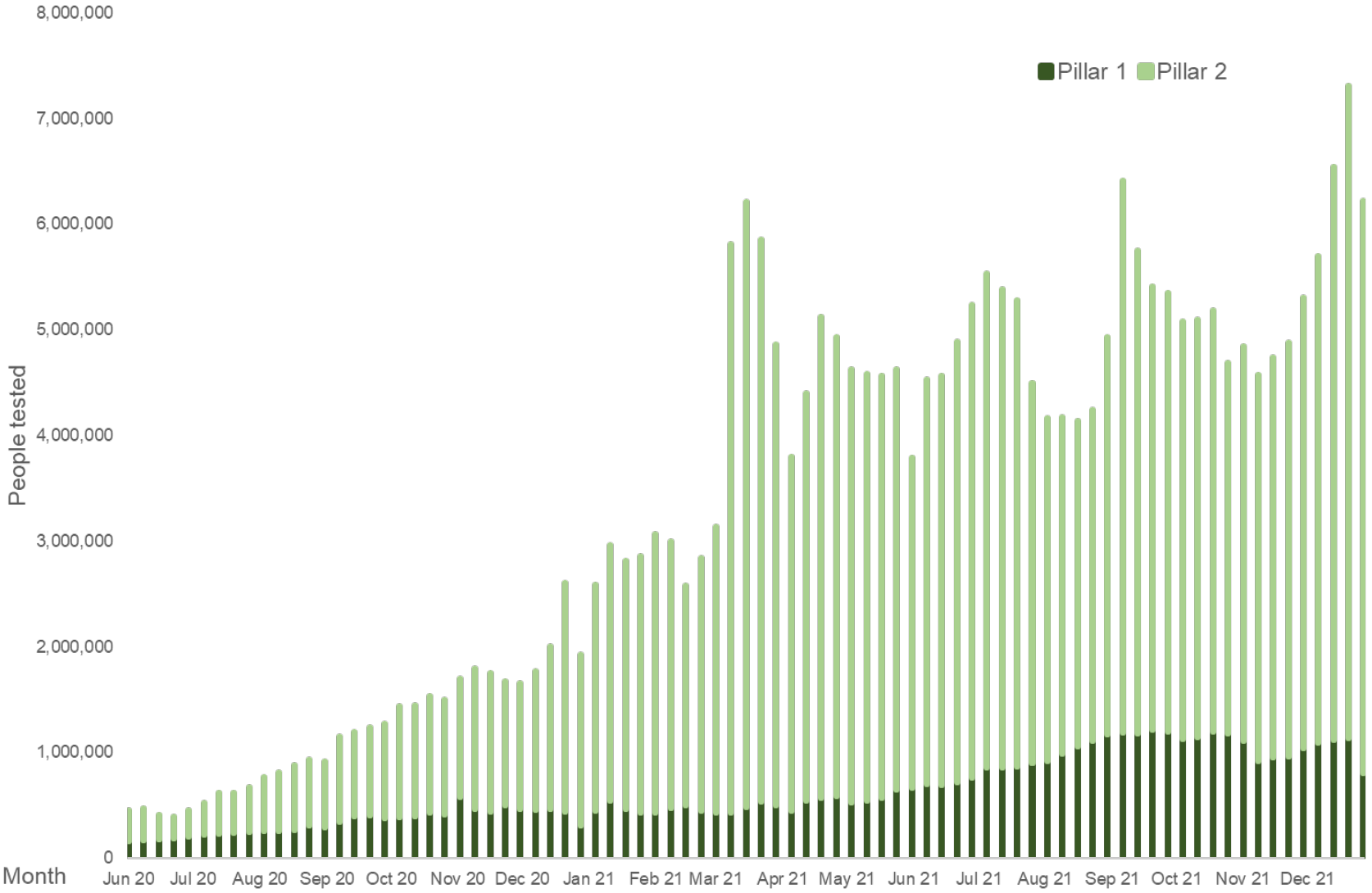
Between 23 December and 29 December 2021, 6,220,496 people were tested for COVID-19[4] at least once.

Figure 2 shows the number of people tested for COVID-19 in each reporting week by pillar since Test and Trace began. The number of people tested reached an initial peak in week ending 17 March 2021, then falling to the lowest level in week ending 2 June 2021. Between 23 December and 29 December 2021, 6,220,496 people were tested for COVID-19 at least once.

Since the launch of Test and Trace (28 May 2020 to 5 January 2022), 49,868,308 people have been tested at least once.[5]

[4] Deduplicated for the reporting week, methodology was revised from 15 October 2020. See NHS Test and Trace statistics methodology for more information.
[5] Deduplicated since testing began and the end of the most recent reporting week. People tested multiple times in this time period will only be counted once. See NHS Test and Trace statistics methodology for more information.

Figure 2. Number of people tested for COVID-19 in each reporting week by pillar, England

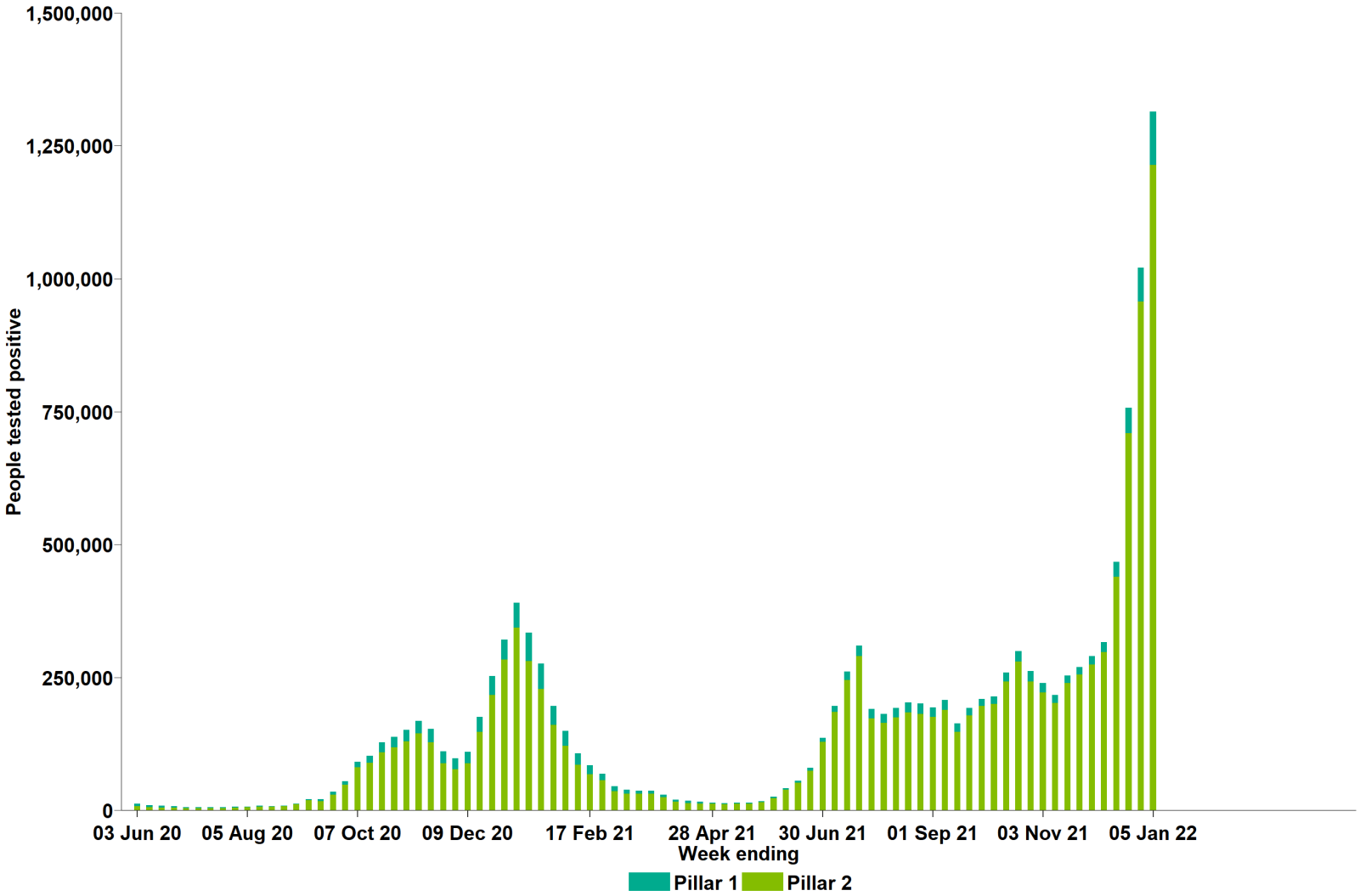


This data can be found in the 'table_1' tab of the 'NHS Test and Trace Statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

Between 30 December 2021 and 5 January 2022, 1,309,086 people tested positive, a 28.2% increase from the previous week.

Figure 3 shows the number of people tested positive for COVID-19 each reporting week by pillar since Test and Trace began. The number of positive cases reached an initial peak in week ending 6 January 2021, falling to the lowest levels since the launch of Tests and Trace in week ending 5 May 2021. In the current reporting week, 1,309,086 people tested positive, a 28.2% increase from the previous reporting week and the highest number of positive tests reported since the launch of Test and Trace. Pillar 1 tests accounted for 98,186 (7.5%) and pillar 2 tests accounted for 1,210,900 (92.5%) of people tested positive in the current reporting week.

Figure 3. Number of people tested positive for COVID-19 in each reporting week by pillar, England



This data can be found in the 'table_1' tab of the 'NHS Test and Trace Statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

Pillar 1 testing turnaround times, England

Pillar 1 testing refers to swab testing for the virus in UK Health Security Agency (UKHSA) labs and NHS hospitals for those with a clinical need, and health and care workers.

Since some pillar 1 tests are conducted in a hospital setting, it is not practical for those administering the tests to record the exact time that a test was taken. Therefore, the time taken to receive a COVID-19 test result is measured from the time that a test is received by a laboratory for processing to the time when the results are published to the Laboratory Information Management System (LIMS).

This data is only available from 9 July 2020 due to differences in the reporting methodologies between UKHSA labs. More details can be found in the NHS Test and Trace statistics methodology.

Between 30 December 2021 and 5 January 2022, 550,932 (94.4%) of pillar 1 test results were made available within 24 hours of the laboratory receiving the test.

In the current reporting week, 583,377 pillar 1 test were conducted and 550,932 (94.4%) test results were made available within 24 hours. This is the highest number of test results conducted since week ending 15 July 2020 when pillar 1 report began. This is the first time since the week ending 20 January 2021 that turnaround times for pillar 1 have been below 95%. Since reporting began, 94.6% of pillar 1 test results (33,261,013 test results) have been made available within 24 hours.

Pillar 2 testing turnaround times, England

There are various routes for getting tested within pillar 2 (national swab testing) which has an impact on turnaround times.[6] Data on the time taken to receive a COVID-19 test result for pillar 2 is split up to reflect this. These routes include:

1. In-person tests

These involve a person being tested in-person at a COVID-19 test site and include:

- regional test sites, which include drive-through testing centres
- local test sites[7], which are similar to regional test sites but specifically for walk-ups

[6] For all measures of time taken to receive a COVID-19 test result, there are a number of tests that were not completed. This covers any test where the results were not communicated, which may be because communication details (for example, phone number or email address) were not provided or were incorrect, or because the test was cancelled or abandoned, or no result was available. It also includes some tests which are still being processed.

- mobile testing units, which travel around the UK to increase access to COVID-19 testing; they respond to need, travelling to test people at specific sites including care homes, police stations and prisons

2. Satellite test centres

These include test kits provided directly to ‘satellite’ centres at places such as care homes that have a particularly urgent or significant need

3. Home test kits

These are delivered to someone’s door so they can test themselves and their family without leaving the house.

A lower proportion of home and satellite test results will be available within 24 hours of the test being taken compared to in-person tests due to differences in testing schedules and delivery of tests. Therefore, the percentage of test results received within 24 hours for in-person tests and the percentage of test results received within 48 hours for home and satellite tests are presented in this bulletin. The accompanying data tables contain all turnaround time windows for all testing routes.

There are normal fluctuations in this operational process which can sometimes cause the time taken to receive a test result to go over 24 hours, but still be turned around the next day. Therefore, we also provide the percentage of tests turned around the day after a test was taken where appropriate. The median turnaround times are also given as an indication of the average time taken.

Turnaround times are measured and reported in 2 ways:

- time from booking a test to receive a test result
- time from taking a test to receive a test result

All figures presented in this bulletin relate to time from taking a test. Both measures are available in full in the accompanying data tables. More information on these definitions is in the terminology section and the NHS Test and Trace statistics methodology.

Lateral flow device (LFD) tests are not included in this section on turnaround times as they do not require processing in a lab.

Between 30 December 2021 and 5 January 2022, median time (hours) taken to receive test results has decreased for tests conducted in-person and by satellite test centres, median time has increased for tests conducted through home tests kits.

Table 1 below, shows the median time taken to receive test results conducted by in-person testing routes (regional test sites, local test sites, and mobile testing units), satellite test centres and home test kits; for the previous reporting week, current reporting week and since the launch of Test and Trace. In the current reporting week, median time taken to receive test results conducted by satellite test centres has decreased the most of any testing route by 11 hours to 63 hours, and increased for home test kits by 9 hours to 61 hours.

Table 1. Median time taken (hours) to receive test results, by route, England

Median time taken (hours) to receive test result	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 5 January 2022
Regional test sites	26	24	22
Local test sites	28	25	22
Mobile testing units	26	23	21
Satellite test centres	74	63	40
Home testing kits	52	61	45

Figure 4 below, shows the median time taken to receive test results by testing route since the launch of Test and Trace. Median time for in-person testing routes reached a peak in week ending 14 October 2020, satellite test centres peaked in week ending 9 September 2020 and home test kits peak in week ending 26 August 2020. Median time taken to receive test results conducted by in-person testing routes are lower than satellite test centres and home test kits due to differences in testing schedules and delivery of tests.

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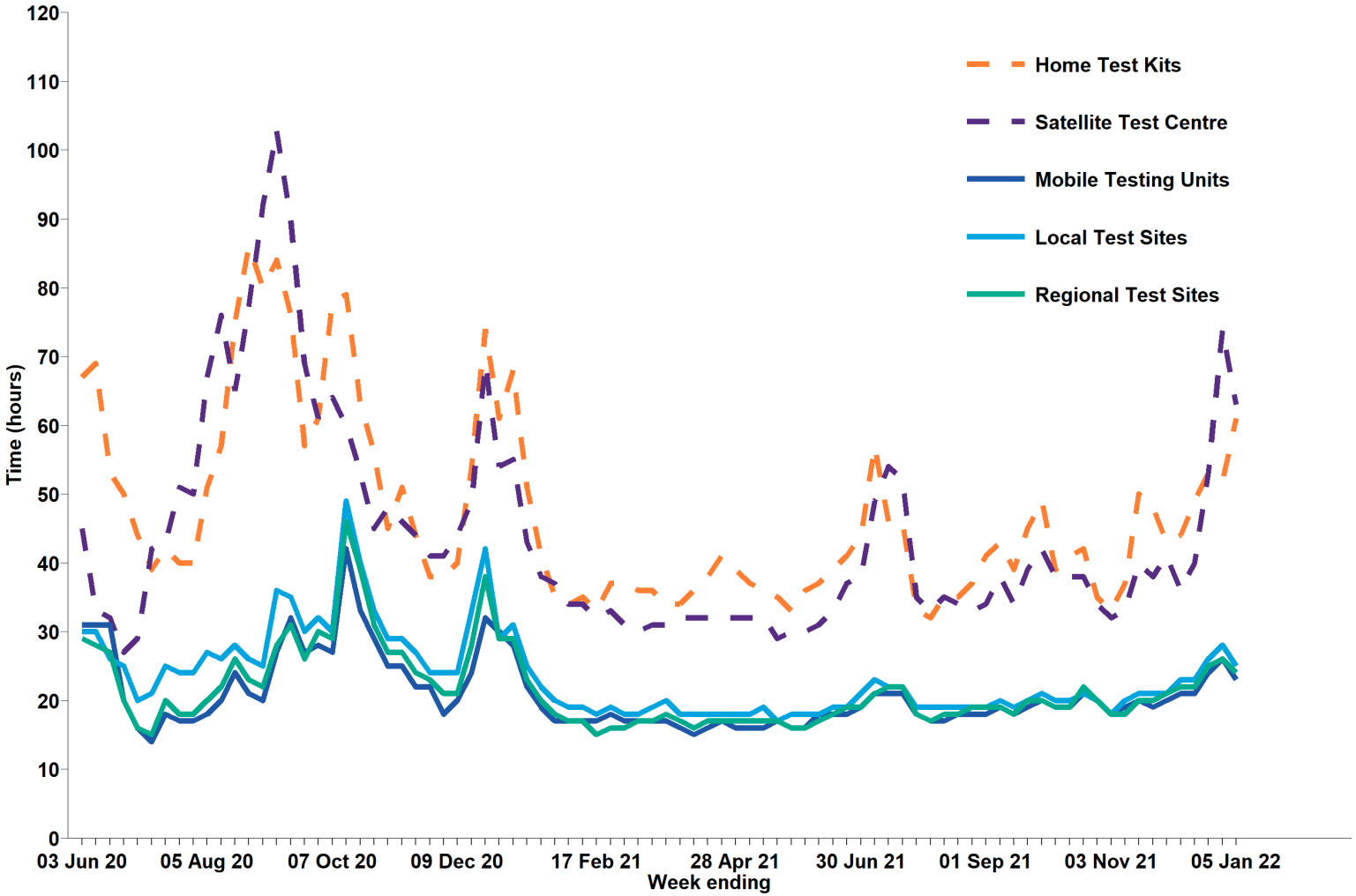
Figure 4. Median time (hours) from taking a test to receiving test results by route, England



This data can be found in the 'table_8' tab of the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

Between 30 December 2021 and 5 January 2022, 652,681 (48.3%) of in-person pillar 2 test results were received within 24 hours of taking a test.

In the current reporting week, 1,349,915 in-person pillar 2 tests were conducted, an increase from 1,222,977 tests in the previous reporting week by 10.4%. 652,681 (48.3%) tests were received within 24 hours of taking a test, an increase from 468,507 (38.3%) received within 24 hours in the previous reporting week.

The time taken to receive a test result may go over 24 hours, but still be turned around the next day (see methodology for further information). In the current reporting week, 1,101,924 (81.6%) in-person pillar 2 tests were received the next day after the test was taken. This is an increase from 864,578 (70.7%) in the previous reporting week.

In the current reporting week, 1,509,469 tests were conducted by satellite test centres and home test kits combined, an increase from 1,180,547 tests in the previous reporting week by 27.9%. 496,246 (32.9%) combined tests were received within 48 hours of taking a test, an increase from the 415,160 (35.2%) received within 48 hours in the previous reporting week. 863,140 (57.2%) combined tests were received within 72 hours of taking a test, an increase from the 664,310 (56.3%) received within 72 hours in the previous reporting week.

For all pillar 2 routes combined, 755,123 (26.4%) test results were received within 24 hours of taking a test compared to 612,142 (25.5%) in the previous reporting week.

Table 2. Percentage of results received within 24 hours (in-person tests) or within 48 hours (home and satellite tests), by route, England

Percentage of results received within 24 hours (in-person tests) or within 48 hours (home and satellite tests)	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 5 January 2022
Regional test sites within 24 hours	42.8	52.1	60.8
Local test sites within 24 hours	33.4	42.8	58.4
Mobile testing units within 24 hours	43.4	55.3	65.6
Satellite test centres within 48 hours	28.1	32.8	62.7
Home testing kits within 48 hours	44.8	33.0	53.7

Distance to in-person testing sites for booked PCR tests, pillar 2, England

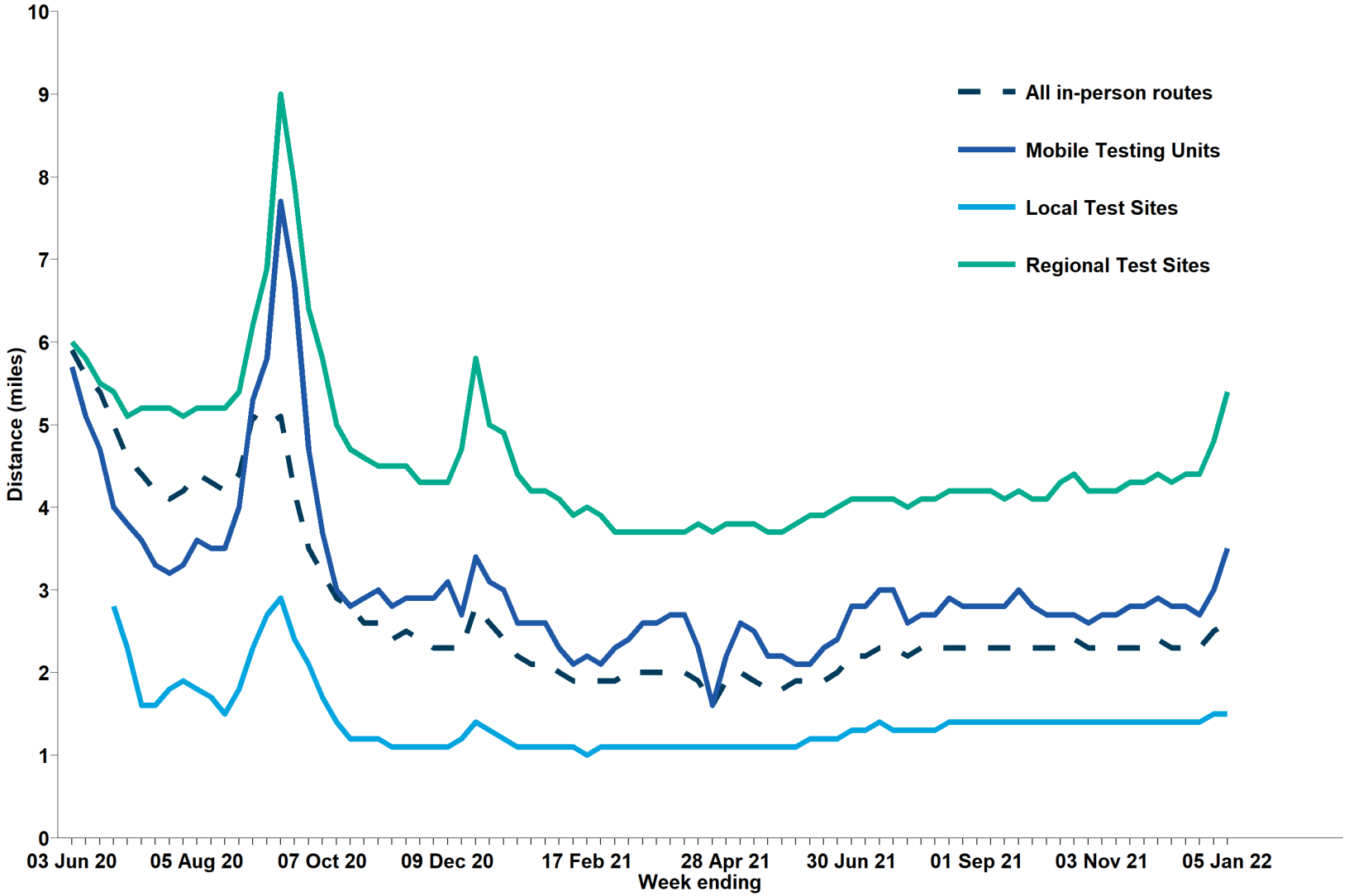
The distance to testing sites for booked PCR tests is calculated as the direct distance between the approximate centre of a person's postal district and their chosen test location in straight line. This is reported as the median and associated percentiles for those who successfully booked a test at regional test sites, local test sites and mobile testing units in the latest week. More information is available in the NHS Test and Trace statistics methodology.

Between 30 December 2021 and 5 January 2022, the median distance to in-person PCR testing sites for booked tests has increased to 2.6 miles

In the current reporting week, the median distance to an in-person PCR test site has increased to 2.6 miles from the 2.5 miles. This is the longest median distance to a test site since week ending 30 December 2020. In the current reporting week, 90% of people who booked a test at a test centre lived 12.4 miles or less away.

Figure 5 below represents the median distance (miles) to testing sites for tests booked at in-person PCR test sites. The graph includes a comparison between in-person different testing routes, which include Mobile Testing Units, Local Test Sites and Regional Test Sites. Median distance for all in-person routes peaked September 2020 and have since reduced overall.

Figure 5. Median distance (miles) to testing sites for tests booked at an in-person PCR test site by route, England



This data can be found in the 'table_9' tab of the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

1.2 Contact tracing in England

Once a person has a positive test result for COVID-19[8] this person is transferred to NHS Test and Trace and a case is opened for them. The number of positive cases transferred to the contact tracing system may not always align with the number of people testing positive for COVID-19. There are several reasons for this which are outlined in the information for users document.

Positive cases and their contacts which are linked to potential outbreaks in specific settings are handled by UKHSA local health protection teams (HPTs). These cases and contacts, previously known as complex, have been referred to as 'cases and contacts managed by local HPTs' since 29 October 2020. Furthermore, cases and contacts managed nationally either online or by call centres, previously known as non-complex, are referred to as 'cases and contacts not managed by local HPTs'.

For cases managed by local HPTs, their contacts are often managed at a situation rather than individual level, with advice being issued to the contact institution. Therefore, cases who were managed by local HPTs may not have been individually reached and asked to provide details of their recent close contacts. However, the cases and contacts will have been successfully dealt with as a whole.

For more information on the different ways of managing cases and the outcomes of contact tracing see the terminology section.

From 18 March 2021, only outbreaks in care homes are handled by HPTs. Further information is available in the NHS Test and Trace statistics methodology.

Positive cases transferred to NHS Test and Trace

Between 30 December 2021 and 5 January 2022, 1,077,192 positive cases were transferred to NHS Test and Trace.

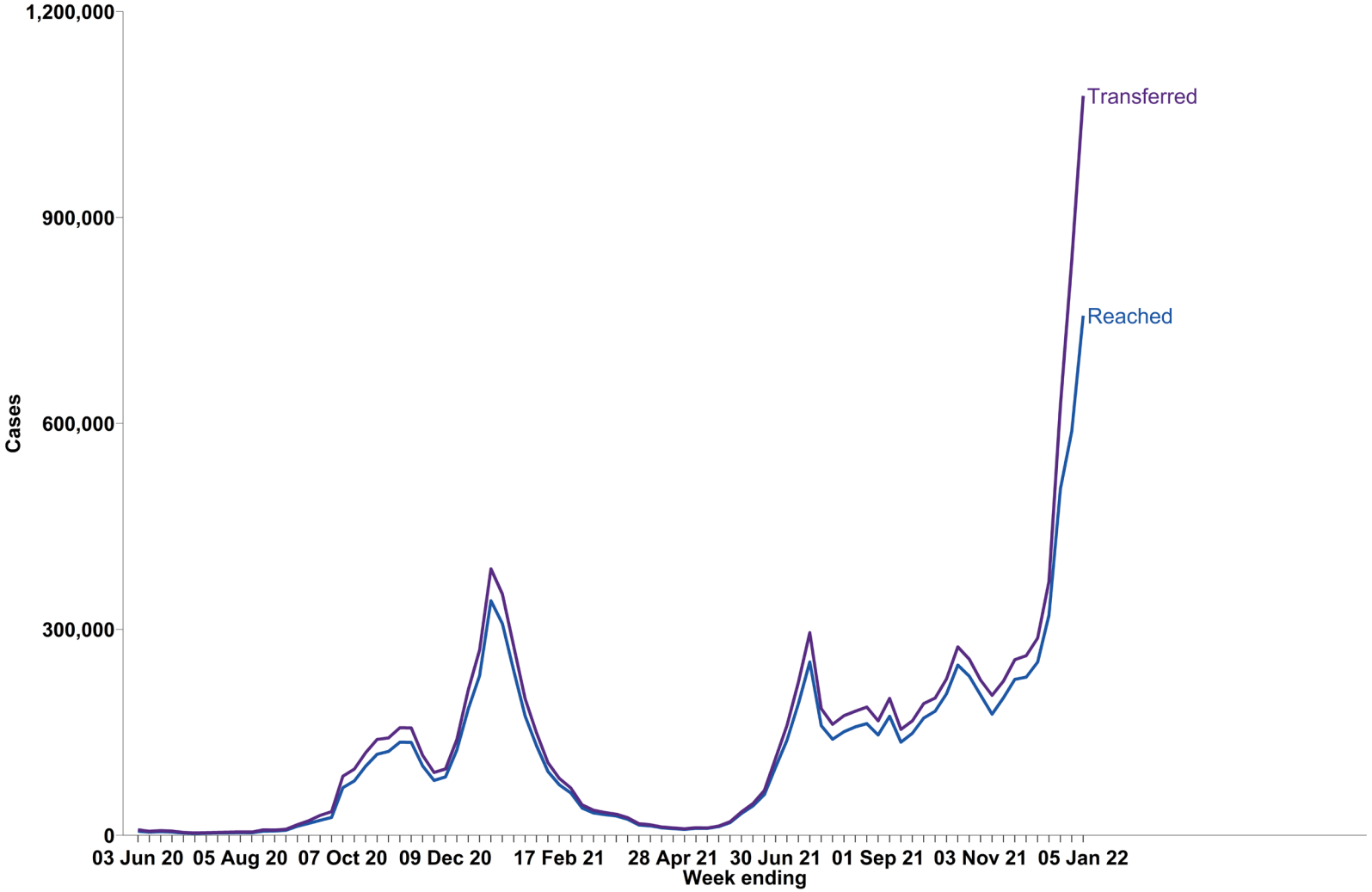
Figure 6 shows the number of cases transferred to the contact tracing system since Test and Trace began. The number of cases transferred initially peaked in week ending 6 January 2021, falling to the lowest levels since the launch of Tests and Trace in week ending 5 May 2021. In the current reporting week, 1,077,192 cases were transferred to the contact tracing system, a 28.6% increase on the previous reporting week which is the highest number of cases transferred to the contact tracing system since test and trace was launched.

[8] All confirmed positive test results under pillar 1 and pillar 2 should be transferred. In addition, all positive virus test results as part of prevalence studies (pillar 4) are also transferred to Test and Trace. People tested under pillar 3 (serology testing to show if people have antibodies from having had COVID-19) do not have their cases transferred to NHS Test and Trace.

Out of the cases transferred to the contact tracing system in the latest week, 757,001 (70.3%) were reached, 314,878 (29.2%) were not reached and 5,313 (0.5%) had no communication details provided. Since Test and Trace launched, 84.4% of all cases have been reached.

In the current reporting week, 5,342 cases reached and asked to provide details of close contacts were managed by local health protection teams (HPTs), whereas 751,659 cases were community-wide cases and, therefore, not managed by local HPTs.

Figure 6. Number of cases transferred to the contact tracing system and number of cases transferred who were reached and asked to provide details of recent close contacts (includes cases managed and not managed by local HPTs), England



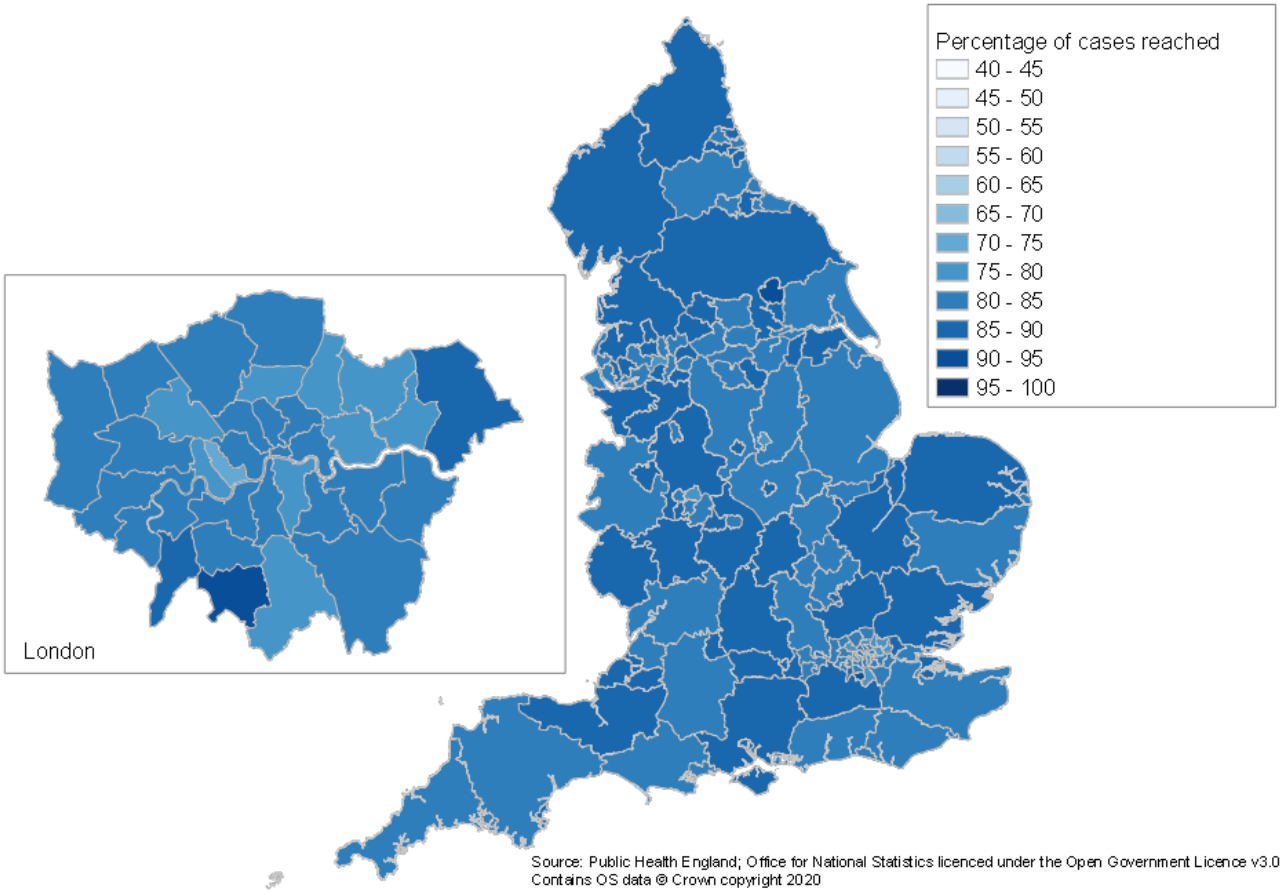
This data can be found in the 'table_10' tab of the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' On the Weekly Statistics for NHS Test and Trace page.

Table 3. Cases transferred to the contact tracing system (includes cases managed and not managed by local HPTs) by whether they were reached and asked to provide contact details, England[9]

Cases transferred to contract tracing system	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 5 January 2022
People who were reached and asked to provide details of recent close contacts	588,720 (70.3%)	757,001 (70.3%)	10,090,142 (84.4%)
People who were not reached	245,124 (29.3%)	314,878 (29.2%)	1,781,580 (14.9%)
People whose communication details were not provided	3,820 (0.5%)	5,313 (0.5%)	80,395 (0.7%)
Total number of people transferred to contact tracing system	**837,664**	**1,077,192**	**11,952,117**

[9] If NHS Test and Trace is not able to reach an individual testing positive or if no communication details are available, then it is not always possible to know if the case should be managed by a local HPT or not. Therefore, these breakdowns are not available.

Figure 7. Proportion of cases reached and asked to provide details of recent close contacts by upper-tier local authority (UTLA) since Test and Trace began



This data is available as an interactive map and to download as a csv on the Weekly Statistics for NHS Test and Trace page.

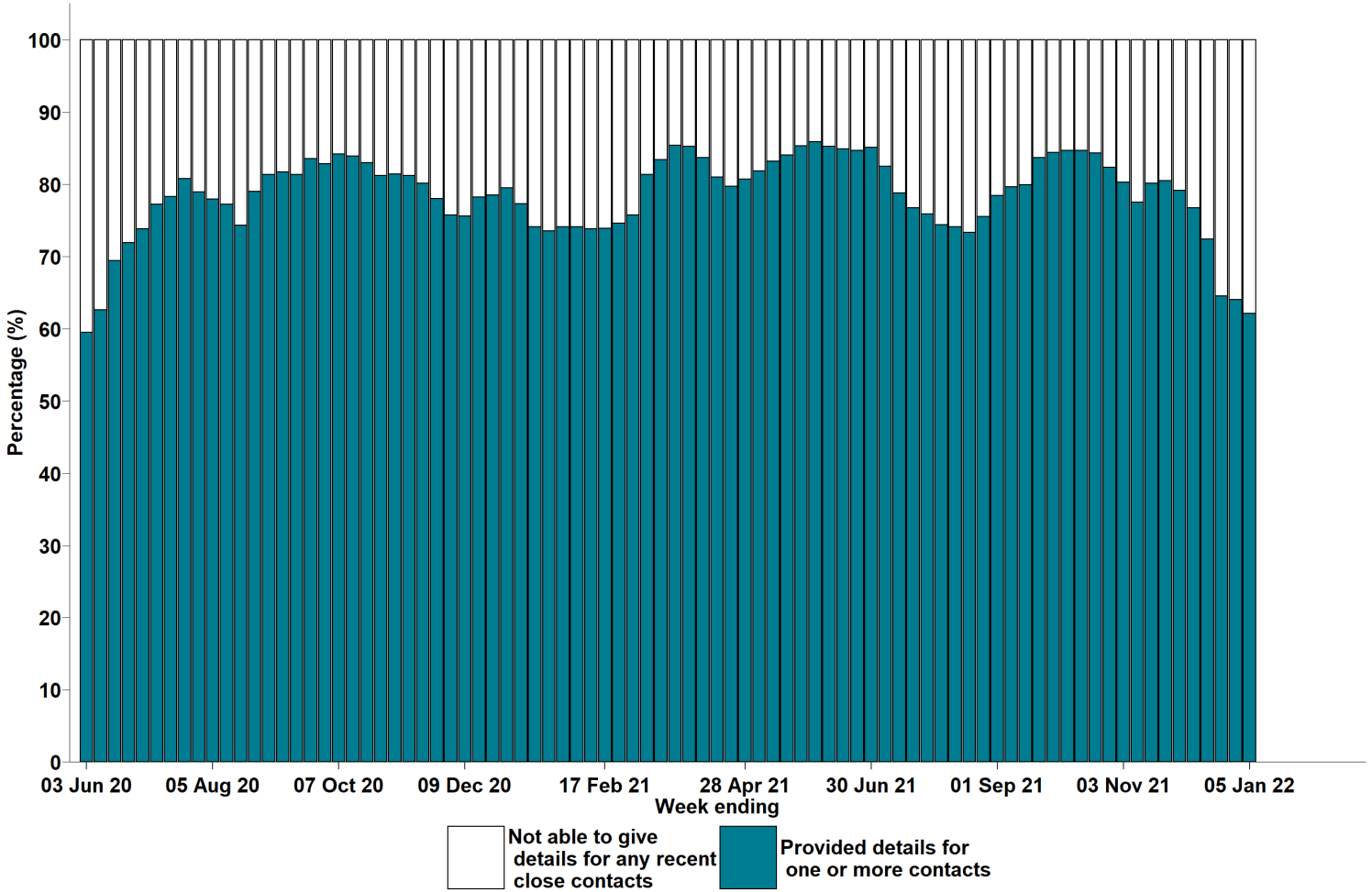
The regional data uses a different data cut to the main publication. Therefore, cumulative totals will not exactly match. The data is available for the cumulative figures since Test and Trace launched up to the most recent week of reporting. Due to revisions that occur, each week on week's cumulative figures cannot be subtracted from a previous week to obtain weekly data by UTLA.

Between 30 December 2021 and 5 January 2022, 470,165 people were reached and asked to provide information about 1 or more close contacts

Figure 8 represents the proportions of people transferred to contact tracing and asked to provide details of recent closed contacts, by whether they provided details or not. In the current reporting week, of the 757,001 people transferred to the contact tracing system and reached, 470,165 (62.1%) provided details of one or more close contacts. This is a decrease from the 64.0% of people who provided details of one or more close contacts from the previous reporting week. The proportion that provided details since Test and Trace launched is 75.9%.

The number who were not able to give any recent close contacts refers to people who were successfully reached by NHS Test and Trace, but either had no recent close contacts or could not provide details of close recent contacts to pass on for further contact tracing (for example, recent close contact with strangers on the bus).

Figure 8. Proportion of people transferred to the contact tracing system (includes cases managed and not managed by local HPTs) who were reached and asked to provide details of recent close contacts by whether they provided details for contacts or not, England



This data can be found in the 'table_11' tab of the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

Close contacts identified by NHS Test and Trace

Between 30 December 2021 and 5 January 2022, 1,233,082 close contacts were identified, a 21.8% increase from the previous reporting week.

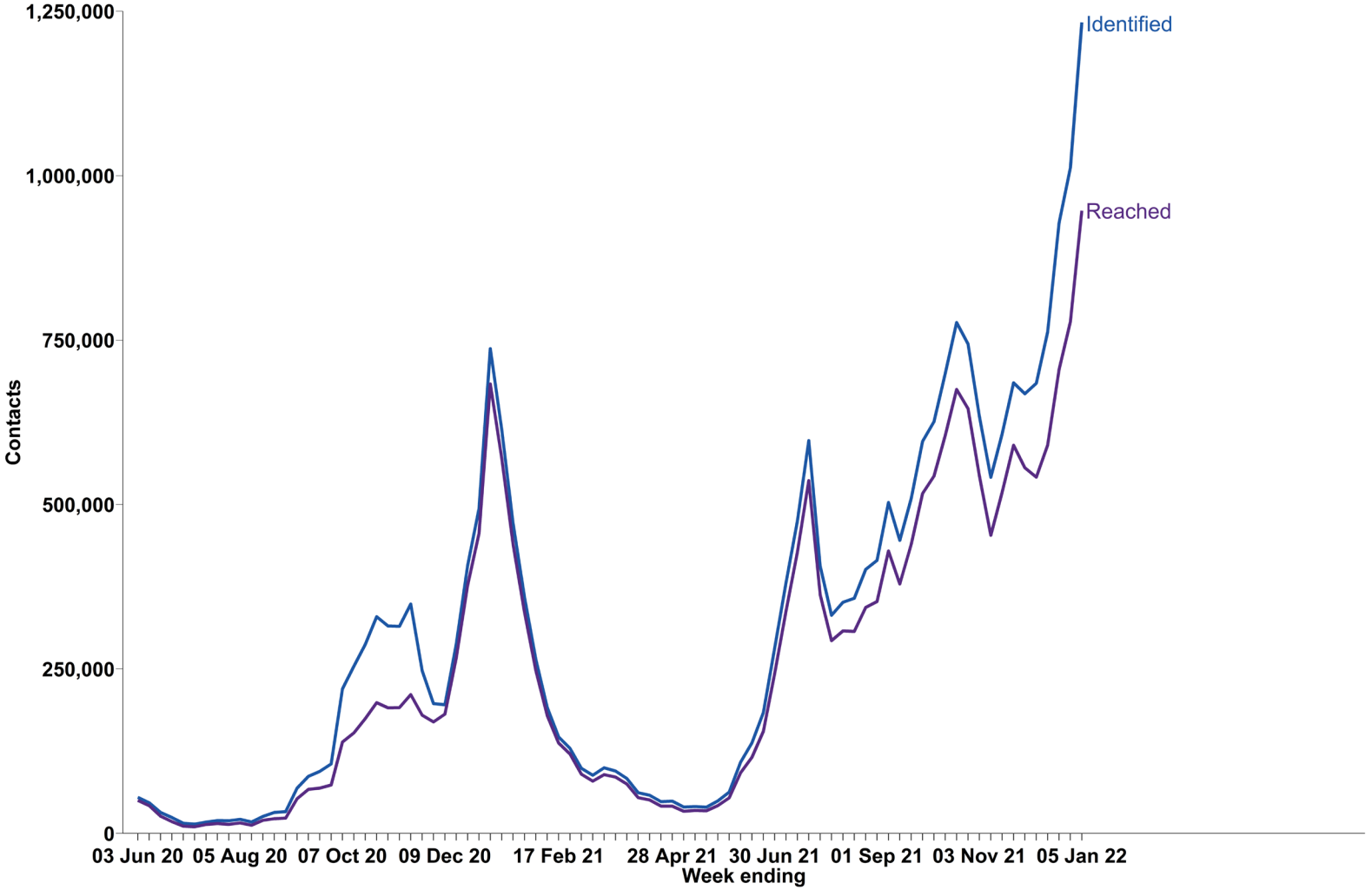
Figure 9 shows the number of recent close contacts identified and reached. The number of close contacts identified initially peaked in week ending 6 January 2021, then falling to the lowest level in week ending 5 May 2021. In the current reporting week, 1,233,082 close contacts[10] were identified, a 21.8% increase from the previous reporting week and the highest number of close contacts were identified reported since the launch of Test and Trace.

In the current reporting week, 946,805 (76.8%) were reached and told to self-isolate, an increase from the 777,907 (76.9%) were reached in the previous reporting week. 286,277 (23.2%) were not reached, an increase from 234,135 (23.1%) in the previous reporting week.

Considering only the contacts where communication details were provided, 81.4% were reached and told to self-isolate in the current reporting week. This is unchanged from the 81.4% observed in the previous week.

[10] The number of people identified includes duplicates as an individual may be named as a close contact for more than one case. See the NHS Test and Trace statistics methodology for more information.

Figure 9. Number of recent close contacts identified, England



This data can be found in the 'table_13' tab in 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' On the Weekly Statistics for NHS Test and Trace page.

Between 30 December 2021 and 5 January 2022, 1,233,077 recent close contacts identified were not managed by local HPTs, a 21.8% increase from the previous reporting week.

In the current reporting week, 1,233,077 recent close contacts identified were not managed by local HPTs, an increase from 1,011,794 in the previous reporting week. 946,800 (76.8%) were reached and told to self-isolate, an increase from 777,661 (76.9%) in the previous reporting week.

In the current reporting week, 217,016 (17.6%) were not reached, an increase from 178,201 (17.6%) in the previous reporting week. 69,261 (5.6%) close contacts had no communication details provided, an increase from 55,932 (5.5%) in the previous reporting week.

Since Test and Trace launched 83.1% of recent close contacts not managed by local HPTs have been reached.

For more information on the different outcomes of contact tracing, see the terminology section.

Between 30 December 2021 and 5 January 2022, 5 recent close contacts identified were managed by local HPTs.

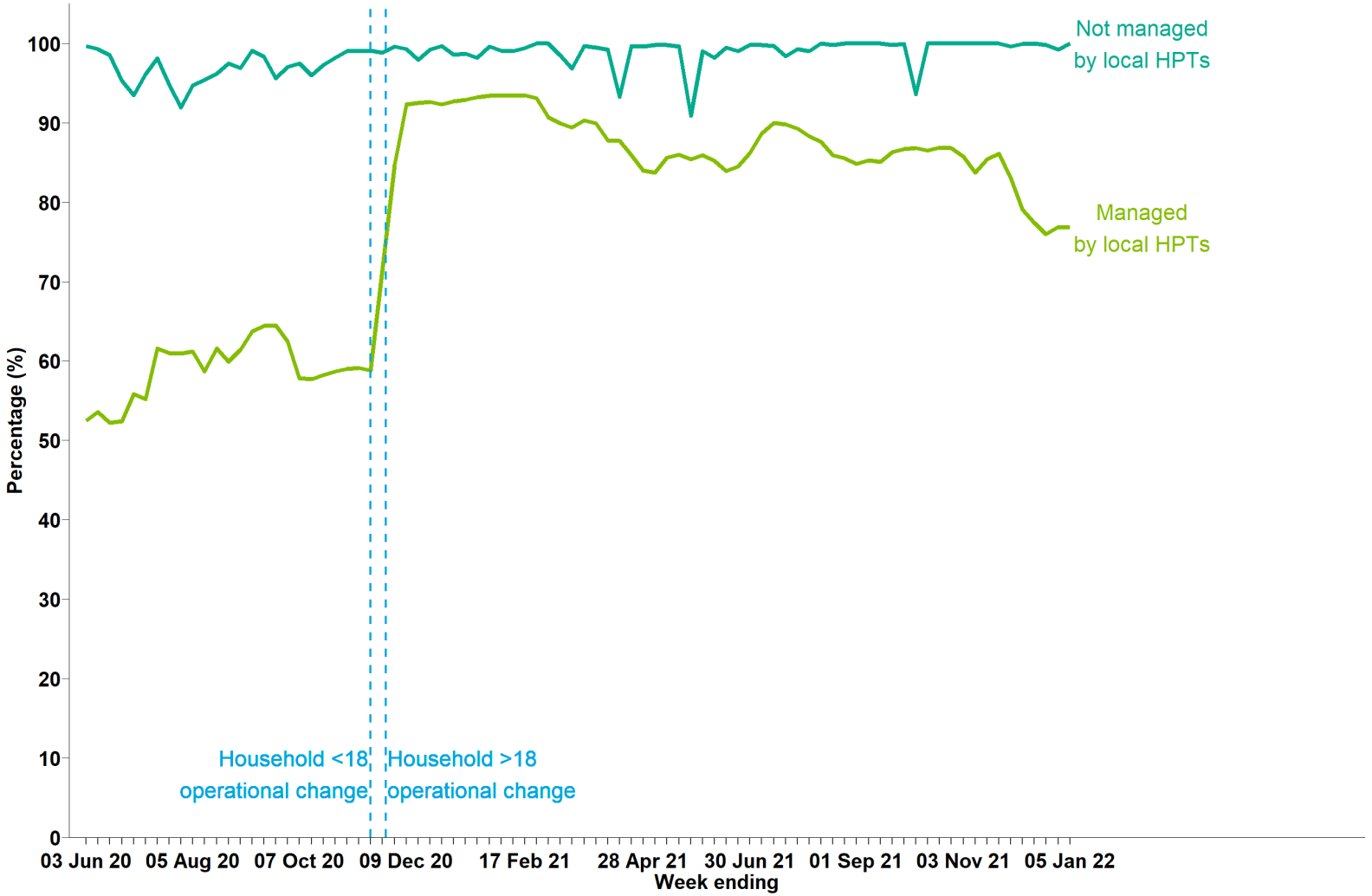
In the latest week, 5 close contacts were identified who were managed by local HPTs, all of which were reached and told to self-isolate. This is compared to the previous week, where 248 recent close contacts managed by HPTs were identified and 246 (99.2%) were reached. Since Test and Trace launched, 98.1% of contacts managed by local HPTs have been reached.

For contacts managed by local HPTs, contacts are managed as a whole setting and are often managed at a situation rather than individual level, with advice being issued to the contact institution. Therefore, these contacts may not have been individually reached and told to self-isolate but should have received this advice from their institution. For this reason, contacts managed by local HPTs have a higher success rate compared with community wide contacts not managed by local HPTs.

Contacts managed by local HPTs are reached when the situation has been dealt with and advice has been issued to the institution, whereas contacts not managed by local HPTs must be individually contact traced (unless they are a household contact) to be classified as reached.

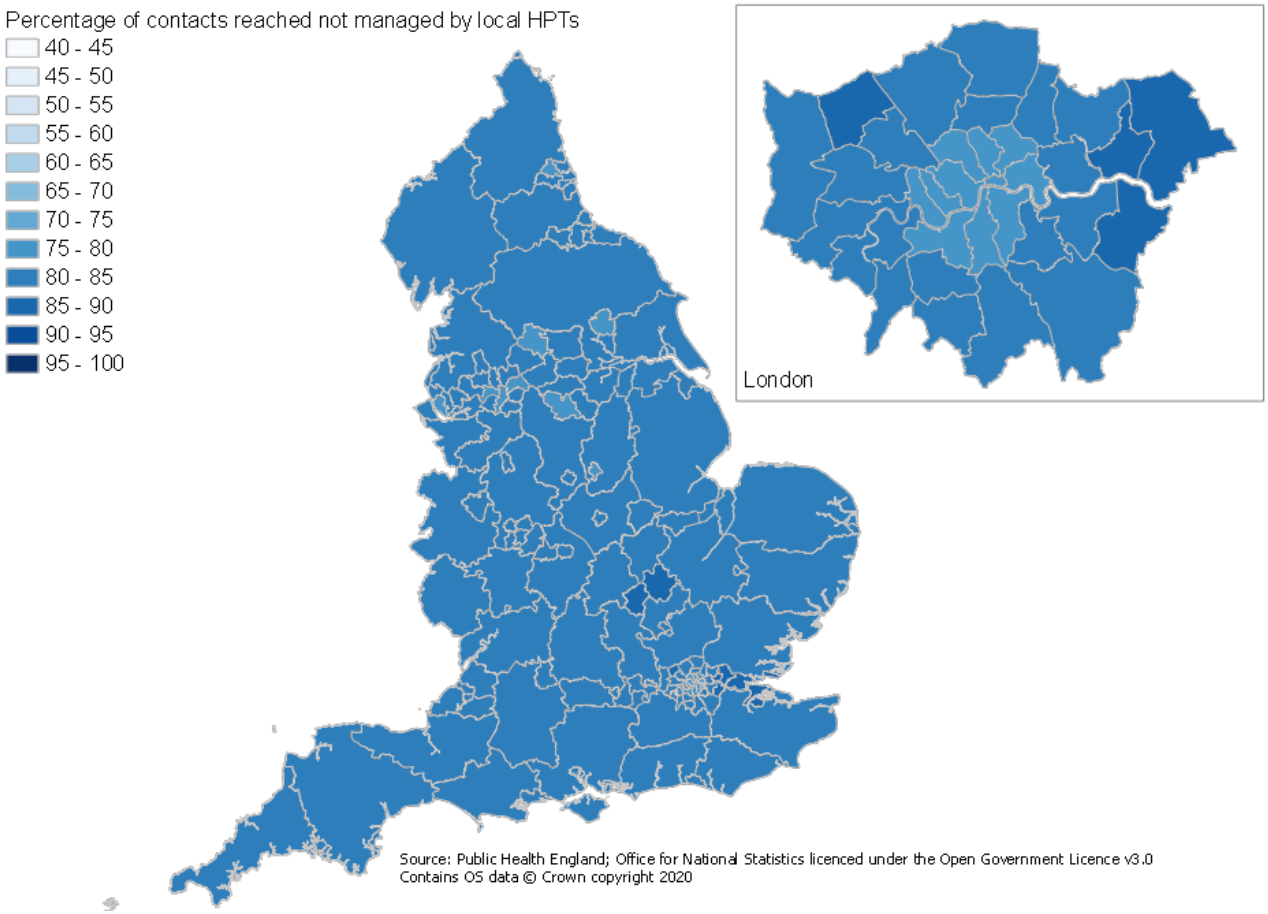
Figure 10 represents the proportion of contacts reached and told to self-isolate, split by those managed by local HPTs and those not managed by local HPTs. There is an increase in proportion reached for those not managed by local HPTs aligning with an operational change on 18 November 2020 relating to how contacts under 18 are contacted.

Figure 10. Proportion of contacts reached and told to self-isolate, England



This data can be found in the 'table_13' tab of the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

Figure 11. Proportion of close contacts identified not managed by local HPTs who were reached and told to self-isolate by upper-tier local authority (UTLA)



This data is available as an interactive map or to download as a csv on the Weekly Statistics for NHS Test and Trace page.

The regional data uses a different data cut to the main publication therefore cumulative totals will not exactly match. The data is available for the cumulative figures since Test and Trace launched up to the most recent week of reporting. Due to revisions that occur each week on week's cumulative figures cannot be subtracted from a previous week to obtain weekly data by UTLA.

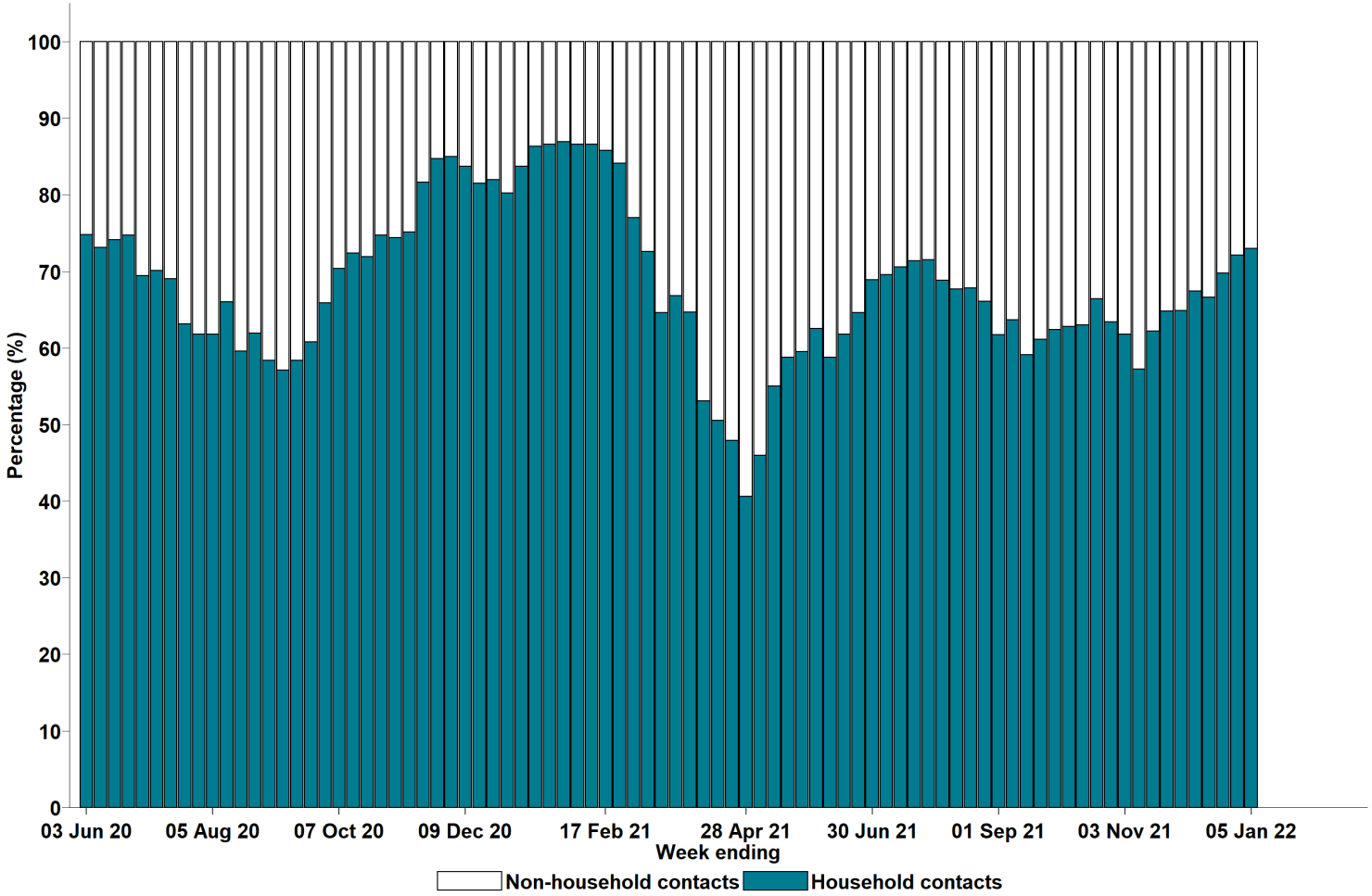
Between 30 December 2021 and 5 January 2022, 899,855 close contacts not managed by local HPTs were household contacts.

In the current reporting week, 899,855 (73.0%) close contacts not managed by local HPTs were household contacts, an increase from 729,786 (72.1%) in the previous reporting week. 333,222 (27.0%) close contacts not managed by local HPTs were not household contacts, an increase from 282,008 (27.9%) in the previous reporting week.

Of the household contacts, 811,573 (90.2%) were reached and told to self-isolate compared to 662,283 (90.8%) in the previous week. Of the non-household contacts, 135,227 (40.6%) were reached and told to self-isolate compared to 115,378 (40.9%) in the previous reporting week.

Figure 12 represents the proportion of recent close contacts in England not managed by local HPTs that were household contacts versus those that were not household contacts.

Figure 12. Proportion of recent close contacts not managed by local HPTs by whether they were from the same household as the case that they were identified from, England



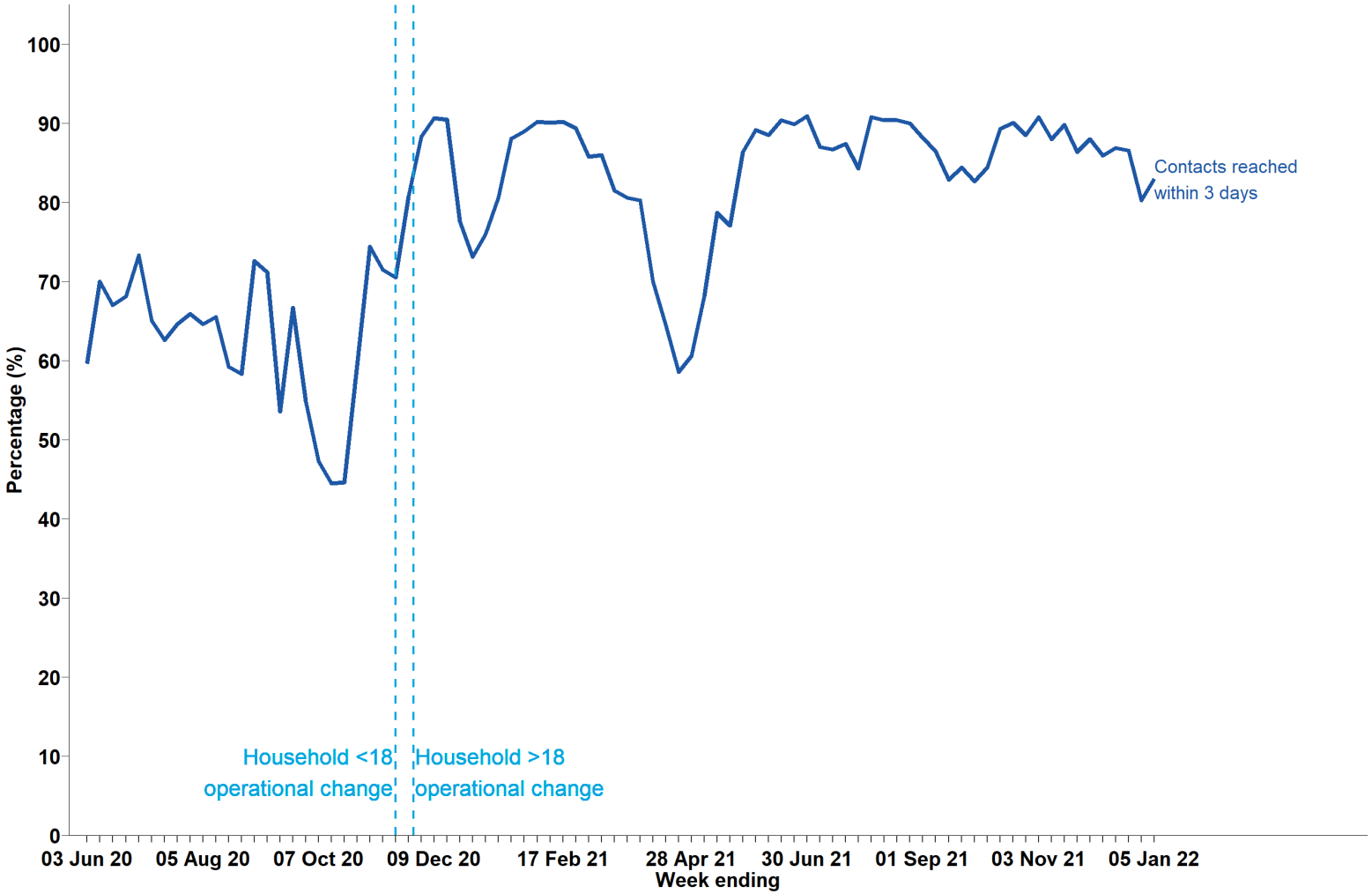
This data can be found in the ‘table_14’ tab of the ‘NHS Test and Trace statistics 28 May 2020 to 15 December: data tables’ on the Weekly Statistics for NHS Test and Trace page.

NHS Test and Trace end to end timing metrics

Between 30 December 2021 and 5 January 2022, 783,377 contacts that were reached and told to self-isolate were reached within 3 days, an increase from 622,714 in the previous reporting week.

Figure 13 shows the proportion of recent close contacts in England who were told to self-isolate within 3 days of the case taking a test since Test and Trace began. In the current reporting week, 783,377 (83.0%) of the contacts that were reached and told to self-isolate were reached within 3 days of the case that reported them taking a test which subsequently returned a positive result. This is an increase from 80.3% (622,714 contacts) in the previous week.

Figure 13. Proportion of recent close contacts who were told to self-isolate within 3 days of the case taking a test (excludes cases managed by local HPTs), England



This data can be found in the 'table_17' tab in the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

The number of contacts who were reached within 3 days of the cases that identified them taking a test is an end-to-end measure, and therefore is comprised of several subsidiary measures. Table 4 provides the timing metrics from when a case is transferred into the contact tracing system.

Table 4. Contact tracing timing metrics, England

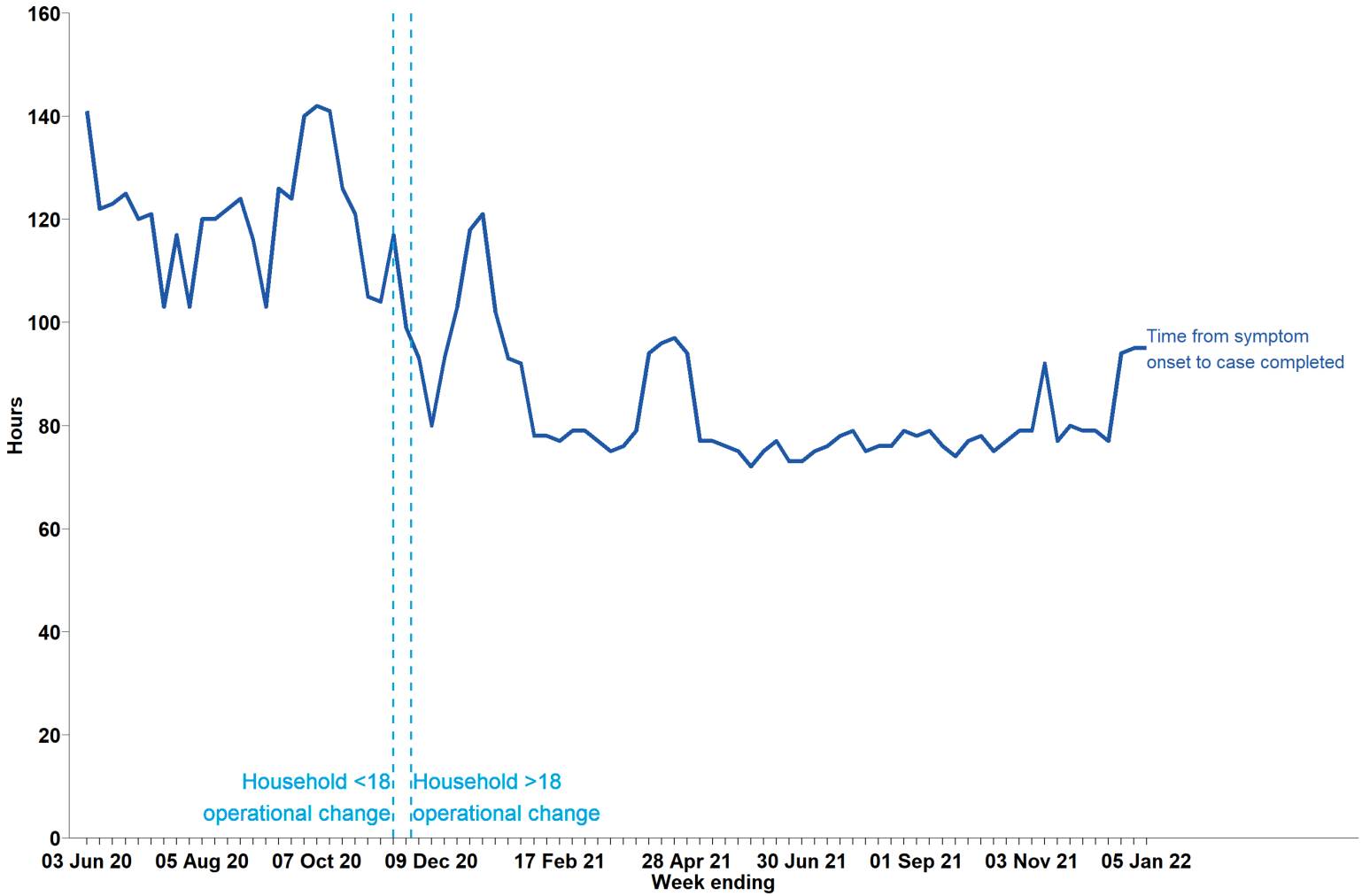
Contract tracing timing metrics	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 5 January 2022
Cases (not managed by local HPTs) – percentage reached and asked to provide details about close contacts within 24 hours of their case being transferred to contact tracing	72.5%	78.1%	77.8%
Contacts who were told to self-isolate (not managed by local HPTs) – percentage who were reached within 24 hours of being identified	97.0%	97.0%	95.7%
Contacts who were told to self-isolate, (not managed by local HPTs) – percentage who were reached within 24 hours of the originating case being transferred to the contact tracing system	70.6%	73.0%	69.6%

Note that because the timing statistics given in Table 4 are from when a case was transferred to the contact tracing system, delays in transferring cases to contact tracing will not be captured. However, they will be captured in the full end to end measure from when the test was taken.

Figure 14 shows the median time from symptom onset to contacts reached, excluding those managed by local HPTs. The median time peaked in week ending 7 October 2020. The median time taken for contacts to be reached from the case that identified them first reporting symptoms has remained the same at 95 hours in the current reporting week.

Please note this data only includes contacts reported by cases who reported to experience at least one symptom. This data is collected by asking symptomatic people who tested positive and were subsequently reached by NHS Test and Trace to recall which day they first observed COVID-19 symptoms. More information is available in the NHS Test and Trace statistics methodology.

Figure 14. Median time from case first reporting symptoms to contact reached (excludes cases managed by local HPTs), England



This data can be found in the 'table_18 tab in the 'NHS Test and Trace statistics 28 May 2020 to 5 January 2022: data tables' on the Weekly Statistics for NHS Test and Trace page.

1.3 Managed quarantine service (MQS)[11]

Background on the service

From 4 October 2021, England's new travel system came into effect with countries and territories categorised as either red or rest of the world. Eligible fully vaccinated passengers returning from countries and territories not on the red list can now do so without needing to complete a day 8 test and must only quarantine until they receive a negative day 2 test.

Between 24 October and 30 November 2021, passengers could take a day 2 PCR or LFD test. From Tuesday 7 December, all people aged 12 years and over must also take a PCR or LFD COVID-19 test before they travel to England from abroad.

Only British or Irish nationals or people with residence rights in the UK are allowed to enter the UK from a country or territory on the red list. People arriving in England who have visited or passed through a country and territory where travel to the UK is banned (red list countries and territories[12]) in the 10 days before arrival in England are still required to quarantine in a managed quarantine hotel.

Passengers who are not fully vaccinated with a recognised vaccine returning from a non-red destination must still take a pre-departure test, a PCR test on day 2 and day 8 and complete 10 days self-isolation (with the option of Test to Release on day 5). A country or territory may be designated red or rest of the world following a ministerial decision-making process. Designations of countries and territories are published by the Department for Transport and are reviewed on a regular basis. Therefore, designations of countries are subject to change and the data released will reflect the lists as they were on the date of publication. For more details see Entering the UK guidance.

This bulletin contains data relating to countries and territories on the red list and those categorised as rest of the world. Table 21 in the accompanying data tables contains data for all countries and territories where a traveller has been registered in the corresponding time period. A full explanation of the data sources and methods used to produce these statistics can be found in the NHS Test and Trace statistics methodology.

Under the travel system effective between 15 February 2021 and 3 October 2021, individuals who were allowed to enter England from a red list country or territory had to quarantine for 10 days and take day 2 and day 8 PCR tests. Passengers travelling from an amber country were required to undertake Day 2 and Day 8 testing and isolate at home, whilst those coming from a green list country were required to take a Day 2 test.

[11] Some figures and tables in this section have not been updated past the week ending 29 September 2021 as new statistics and tables are being developed to reflect change in MQS policy that became effective on 4 October 2021.
[12] List of red list countries and territories

Statistics based on the new arrival policy are being reviewed as part of on-going development to this publication. As the review is conducted, further MQS statistics will be provided.

People starting quarantine

People started quarantining at home or in a managed quarantine hotel has not been updated for the current reporting period.

Between 11 February 2021, when MQS launched, and 29 September 2021, 5,228,471 people started quarantining at home or in a managed quarantine hotel. Between 23 September and 29 September 2021, 412,210 people started quarantining, compared to 414,799 in the previous week (16 September 2021 to 22 September 2021).

Between 23 September and 29 September 2021, the number of people starting their quarantine period at home decreased from 410,333 to 409,077. The number of people starting their quarantine in a hotel decreased from 4,466 to 3,133 in that week.

International arrivals from countries and territories that are not on the red list can book their quarantine package through a private provider. As of the publication on 8 July 2021, these figures are now included in the data. The proportion of quarantine packages that are purchased through a private provider has been steadily rising since its introduction and since week ending 26 May 2021, private bookings now account for the vast majority of home quarantine packages booked. For more information, see the NHS Test and Trace statistics methodology.

From 4 October 2021, England's new travel system came into effect with countries and territories categorised as either red or the rest of the world. Eligible fully vaccinated passengers returning from countries and territories not on the red list, can now do so without having to quarantine.

Table 5. Number of people starting their quarantine at home or in a managed quarantine hotel, England

People starting their quarantine	16 September 2021 to 22 September 2021: number of people starting quarantine	23 September 2021 to 29 September: number of people starting quarantine	Since MQS launched. 15 February to 29 September 2021: number of people starting quarantine
People starting quarantine at home	410,333	409,077	5,025,111
People starting quarantine in a managed quarantine hotel	4,466	3,133	203,360
Total	**414,799**	**412,210**	**5,228,471**

People taking tests

Between 30 December 2021 and 5 January 2022, 395,325 registered and processed tests have been taken by people returning from overseas. International arrivals who are quarantining at home have the option to book their PCR tests through a private provider. Since the publication on 8 July 2021, these tests are included in the totals, and account for almost all of PCR tests taken by people quarantining at home.

The number of tests registered and processed each week will not be the same as the number of people quarantining in that same week because:

- the cohort of people starting their quarantine will not be the same cohort of people who take their day 2 test in a given week – for example, people starting their quarantine towards the end of the week will have their day 2 tests fall into the following week
- there may be differences in the population quarantining and those who are required to take a test – for example, children under 5 do not need to take a test
- passengers with a positive test on day 2 are not required to take a day 8 test
- correct completion and return of test data are required by the person taking the test to ensure that tests are correctly registered

Table 6. Number of registered and processed tests taken by people returning from non-red list countries, England

Registered and processed tests taken by people returning from non-red list countries	23 December 2021 to 29 December 2021: number of tests processed and registered	30 December 2021 to 5 January 2022: number of tests processed and registered
Day 2 – non-red list arrivals	244,636	371,733
Day 5 – non-red list arrivals Test to Release	1,768	2,150
Day 8 – non-red list arrivals	6,557	5,669
Total registered tests processed (non-red list arrivals)	252,979	379,569

Table 7. Number of registered and processed PCR tests by arrivals from red list countries and territories

Registered and processed PCR tests taken by international arrivals from red list countries and territories	23 December 2021 to 29 December 2021: number of tests processed and registered	30 December 2021 to 5 January 2022: number of tests processed and registered
Day 2 – Quarantining at managed quarantine hotel (red list arrivals)	1,204	1,799
Day 8 – Quarantining at managed quarantine hotel (red list arrivals)	357	115
Total tests processed – red arrivals	1,561	1,914

The total number of PCR tests processed for passengers at home includes tests not registered to an individual. The full breakdown of tests registered and not registered across day 2 and day 8 for people quarantining at home can be found in Table 20b of the accompanying data tables.

The total number of PCR tests processed for passengers in a hotel only includes the number of tests that have been correctly registered. Evidence of negative tests or an extended stay following a positive test must be presented by passengers in hotels before they are able to leave.

When countries are moved on to the red list, an increase in passenger numbers in hotels may be seen. This will be reflected in an increase in day 2 tests. These passengers may not have had a day 8 test in the same reporting period.

People quarantining in England at home can end their quarantine early through the test to release scheme. This lets people choose to pay for a private COVID-19 test where it meets the minimum testing standards after they have been in England for 5 full days. If the results of the test are negative, quarantine can be ended. If positive, quarantine should be extended for 10 days after taking the test. The private tests booked through this scheme are in addition to the day 2 and day 8 tests booked as part of the managed quarantine service. This data is now available in Table 20b of the accompanying data tables.

Between 30 December 2021 and 5 January 2022, for arrivals from non-red list countries, 3,960 (1.1%) Day 2 tests were positive, compared to 456 (8.0%) Day 8 tests and 104 (4.8%) Test to Release tests.

For arrivals from red list countries, 119 (6.6%) Day 2 tests processed were positive, while 14 (12.2%) Day 8 tests were positive.

Day 8 tests by people returning from red list countries saw the highest proportion of positive tests in the reporting week, with 12.2% of tests processed returning a positive result.

Risk assessment status, people tested, positivity and variants by country and territory

Countries and territories are risk assessed based on data from a number of sources to determine whether they should be added to the list of countries and territories requiring quarantine at a managed quarantine hotel upon return (red list countries and territories), or at-home quarantining (amber list countries and territories). For more information on these decisions, please see the COVID-19 risk assessment methodology document.

Passengers are asked to report their recent travel history when returning to the UK so that the number of positive test results taken while under managed quarantine, as well as the number of VOCs and VUIs sequenced from these positive tests, can be considered when assessing the risk of travel and whether countries and territories should be assigned to the red list.

Data for risk assessment status, testing, positivity and variants by country or territory can be found in the ‘table 21’ tab of the accompanying data tables. While the other managed quarantine service data tables will be updated weekly, Table 21 is updated every 3 weeks, the next update will be released on 3 February 2022.

1.4 Test and Trace Support Payments

Background on Test and Trace Support Payments

The Test and Trace Support Payment scheme (TTSP) provides financial support to people on low incomes who have to self-isolate if they are unable to work from home and will lose income as a result. It was introduced on 28 September 2020 and is administered by unitary and lower tier local authorities in England. The purpose of TTSP is to support people to self-isolate if they are required to do so, and to encourage more people to come forward to get tested. This helps to reduce the transmission of COVID-19.

Applicants may be eligible for a payment of £500 if they are in receipt of a means tested benefit and meet the other eligibility criteria. Information on the eligibility criteria is available online at Claiming financial support under the Test and Trace Support Payment scheme.

Local authorities have also been provided with funding to make discretionary payments to individuals who are not on a means tested benefit but will still face hardship if they have to self-isolate. Local authorities are responsible for setting the discretionary criteria in their areas, enabling them to target support at residents most in need.

TTSP is only available in England. However, both the Scottish and Welsh Governments run similar schemes. In Northern Ireland, people can apply for a non-repayable Discretionary Support self-isolation grant if they are on a low income and are experiencing financial difficulties due to self-isolation.

Successful claims

Local authorities submit reporting information to NHS Test and Trace on the number of successful claims they have paid out. These statistics use the recorded payment date of the claim. Please note that some adjustments are made to the payment date for errors and missing payment dates.

Between 30 December 2021 and 5 January 2022, local authorities reported payments of £3.2 million to 6,416 applicants.

As of 5 January 2022, local authorities have reported 415,371 successful claims since the start of the scheme, totalling £207.7 million in TTSP payments.

Since the start of the scheme, 57.3% have been claimed through the main scheme and 42.7% have been claimed through the discretionary scheme. In the latest week, local authorities reported payments of £3.2 million to 6,416 applicants, of which 46.4% were claimed through the discretionary scheme.

Successful claims fluctuate over time as the numbers of people testing positive increase or decrease. There is also variance in the number of successful claims at local authority level. This is in part due to differences in populations, for example the proportion of the local population claiming a means-tested benefit, which impact the number of eligible applicants.

2. Terminology

2.1 Testing

The following explains types of tests and testing routes.

Pillar 1 testing

Swab testing for the virus in UKHSA labs, NHS hospitals for those with a clinical need, and health and care workers

Pillar 2 testing

Swab testing for the virus for the wider population, through commercial partnerships[13], either processed in a lab or more rapidly via lateral flow devices tests. Tests processed in a lab are carried out through several different routes:

1. In-person tests

These involve a person being tested in-person at a COVID-19 test site and include:

- regional test sites, which includes drive-through testing centres
- local test sites[14], which are similar to regional test sites but specifically for walk ups
- mobile testing units, which travel around the UK to increase access to COVID-19 testing; they respond to need, travelling to test people at specific sites including care homes, police stations and prisons

2. Satellite test centres

These include test kits provided directly to ‘satellite’ centres at places such as care homes that have a particularly urgent or significant need

3. Home test kits

These are delivered to someone’s door so they can test themselves and their family without leaving the house.

Pillar 3 testing

Serology testing to show if people have antibodies from having had COVID-19.

[13] See more detail in Scaling up our testing programmes.

Pillar 4 testing

Blood and virus testing for national surveillance support by UKHSA, ONS and research, academic and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes.

Virus testing

Swab testing using polymerase chain reaction (PCR) assay within pillars 1, 2 and pillar 4 to show if someone currently has COVID-19.

Antibody testing

Testing of a blood sample within pillar 3 and pillar 4 to show if people have antibodies from having had COVID-19.

People tested each week

This refers to people who have been tested at least once in each reporting week. Therefore, if someone had multiple tests in a given week they would be counted once.

People testing positive each week

This refers to the number of people who tested positive at least once in each reporting week. Therefore, if someone tested positive multiple times in a given week they would only be counted once.

Cumulative people tested

This refers to the number of people who have been tested at least once since Test and Trace launched.

Cumulative people testing positive

This refers to the number of people who have tested positive at least once since Test and Trace launched.

For pillar 2, there are 2 measures of the time taken to receive a COVID-19 test result:

1. The time taken to receive a COVID-19 test result from time of booking is measured from the time that a person books an appointment on the website to the time when the person receives a notification of their test result via an email or an SMS. This data is only available for regional test sites, local test sites and mobile testing units, as test booking and registration processes for home testing and satellite test centers are currently undertaken on different systems.

2. The time taken to receive a COVID-19 test result from time of test is measured from the time a person completes a test registration (or the time a person indicates their test was taken for home testing kits) until the time that they receive a notification of the result of their test via an email or an SMS.

2.2 Tracing

The following explains terminology for contact tracing.

NHS Test and Trace has 2 ways of handling cases depending on the way in which they are managed:

1. Cases and contacts managed by local HPTs (previously known as complex)

UKHSA Local Health Protection Teams manage cases linked to outbreaks. Examples include someone who works or has recently visited:

- a health or care setting, such as a hospital or care home
- a prison or other secure setting
- a school for people with special needs
- critical national infrastructure or areas vital for national security

2. Cases and contacts not managed by local HPTs (previously known as non-complex)

Wider online and other call centre capacity for individual community-wide cases and contacts.

When a case is transferred to NHS Test and Trace, contact tracers will attempt to contact the individual, which results in one of the following 3 outcomes:

1. Reached and provided information about recent close contacts

Contact tracers or local health protection teams successfully reached the individual and asked them to provide details for recent close contacts.

2. Communication details not provided

People who had no communication details provided are those who were transferred to NHS Test and Trace but did not have any associated contact details (for example phone number or email address).

3. Not reached

The number of people who were not reached includes those people who the service has been unable to reach because there has been no response to text, email and call reminders. This includes those where the communication details are invalid. It also includes people who were reached but declined to give details of close contacts. There may also be a small number of people who have not been reached but where contact tracers are still in the process of trying to make contact.

When a close contact is identified, contact tracers or local HPTs will attempt to contact the individual or institution depending on the exposure setting, which results in 1 of the 3 following outcomes:

1. Reached and told to self-isolate

For contacts not managed by local HPTs contact tracers successfully reached the contact and told them to self-isolate, or for household contacts where the case has opted to inform them to self-isolate. For those managed by local HPTs, advice is provided to the institution which is passed on to contacts in the specific setting.

2. Communication details not provided

People who were identified as recent close contacts but didn't have any associated contact details (for example, phone number or email address).

3. Not reached

The number of contacts who were not reached includes those contacts who the service has been unable to reach because there has been no response to text, email and call reminders. There may also be a small number of contacts who have not been reached but where contact tracers are still in the process of trying to make contact.

3. Measuring the data

3.1 How the data was collected

Testing data for pillars 1 and 2 for England is provided by UKHSA and commercial partners. Contact tracing data is collected from management information from the NHS Test and Trace service. Details about the data sources used can be found in the NHS Test and Trace statistics methodology document.

3.2 Future development

We have integrated this data with those from other parts of NHS Test and Trace, particularly testing, to provide an end-to-end view of the service that follows the user journey. So far, UK level testing data, testing data for pillars 1 and 2 in England, testing turnaround times and NHS COVID-19 app statistics have been added. Further breakdowns for contact tracing continue to be incorporated, including breakdowns for cases and contacts managed or not managed by local HPTs, geographical breakdowns and household information.

To support user needs and data transparency, additional releases have been published alongside the weekly Test and Trace publication including:

- care home statistics up to 8 July 2020
- people tested for COVID-19 between 30 January and 27 May 2020
- demographic data for COVID-19 testing in England between 28 May and 26 August 2020
- weekly rapid testing statistics

NHS Test and Trace continues to provide information for local authorities and their partners so that they have the information they need to help contain any outbreaks. In time, NHS Test and Trace intends to publish detailed data from across the program to support secondary analysis, for example in academic institutions.

We continue to explore the feasibility of adding new breakdowns to the publication to support user needs. Over the coming months, we intend to make the following available:

- additional demographic information for people tested
- details of close contacts who go on to test positive

The UK Statistical Authority has published a rapid review of the Test and Trace statistics. This includes recommendations on how the publication should develop it order to adhere fully to the Code of Practice. These recommendations continue to influence the development of the publication in the coming weeks and months.

3.3 Strengths and limitations

Given the importance of this service and the commitment of NHS Test and Trace to be open and transparent with the public it serves, this data is being released at the earliest possible opportunity. However, new IT systems and statistical outputs often take a period of time to bed in. The caveats and data quality issues in this publication should be taken into consideration when interpreting results, and this analysis should be taken in the wider context of coronavirus (COVID-19) statistics and analysis.

More information on data limitations and how the figures in this publication can and can't be used is outlined in the NHS Test and Trace methodology.

3.4 Quality

These statistics have been put together by NHS Test and Trace with advice from the Office for National Statistics. As part of the quality assurance process, UKHSA ensures that all published figures are replicable and any issues impacting on the quality of the data are clearly stated within the publication. Furthermore, the figures are often triangulated with other published sources to verify trends in the data.

Revisions to figures previous published

Figures for people tested and people testing positive for COVID-19 in previous releases have been revised. These revisions are because:

- there are sometimes delays in laboratories submitting data to UKHSA
- quality checks are conducted on the data to refine figures over time

Figures for pillar 2 testing turnaround times in previous releases have been revised. These revisions are because:

- the figures presented are based on a data cut several days after the end of the reporting period – some tests may continue to be being processed after this period and therefore data may need to be revised over time

Figures for contact tracing in previous releases have been revised. These revisions are because:

- the figures presented are based on a data cut several days after the end of the reporting period, to give time for cases reported towards the end of the 7-day period to have an outcome – some cases may continue to be in progress after this period, and therefore data may need to be revised over time

- typically, 1 week after initial publication the number of cases reached and consequently the number of contacts identified is expected to increase – similarly, the number of cases and contacts reached within 72 hours is likely to increase

More information about the revision of statistics published by UKHSA can be found in the statement on revision policy. More information on quality and how this publication adheres to the Code of Practice for statistics is available in the Statement of Compliance.

3.5 Feedback

For questions about the release please refer to the Information for Users document initially. For feedback and any further questions, please contact testandtrace.statistics@dhsc.gov.uk.

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

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